



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF LEAD LICENSING  
**TRAINING COURSE PROVIDER RE-ACCREDITATION APPLICATION**

## GENERAL INFORMATION

A training provider seeking re-accreditation shall submit an application to the Bureau of Lead Licensing at least sixty (60) calendar days before its accreditation expires. Failure of the training provider to submit an application at least sixty (60) days prior to the expiration date of their accreditation may result in the accreditation not being renewed before it expires. If a training provider allows the accreditation to expire before renewal, the training provider must reapply to Bureau of Lead Licensing.

A complete application includes:

1. A completed *Training Course Provider Re-Accreditation Application* form
2. A list of courses for re-accreditation
3. A description of any changes to the training facility, equipment or course materials since its last application, and
4. A check or money order made payable to the Missouri Department of Health and Senior Services for the nonrefundable fee of \$1000 for the training course and \$250 for the refresher training course.

## INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF APPLICATION AND ISSUANCE OF ACCREDITATION

- Please submit a separate, **complete application** for each course and each refresher course for which you are applying.
- **Please type or print legibly.**
- Mail **completed application** to: Missouri Department of Health and Senior Services, Attn: Fee Receipts, P.O. Box 570, Jefferson City, MO, 65102-0570

## PART A. PERSONNEL INFORMATION

NAME OF TRAINING PROVIDER

MAILING ADDRESS (STREET)

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

( ) -

( ) -

NAME OF TRAINING MANAGER

DATE OF BIRTH

NAME OF PRINCIPAL INSTRUCTOR

DATE OF BIRTH

List all addresses at which training will take place.

## PART B. TRAINING COURSE

Occupation of Training Course (Complete a separate application for each course, including refresher courses.)

### TRAINING COURSE

### REFRESHER COURSE

#### OCCUPATIONS

LEAD INSPECTOR

☐

\$1000

☐

\$250

RISK ASSESSOR

☐

\$1000

☐

\$250

LEAD ABATEMENT SUPERVISOR

☐

\$1000

☐

\$250

LEAD ABATEMENT WORKER

☐

\$1000

☐

\$250

PROJECT DESIGNER

☐

\$1000

☐

\$250

## PART C. DESCRIPTION OF CHANGES

Please indicate below a description of any changes to the training facility, equipment or course materials since your last application. Please use additional paper if needed.

**THIS APPLICATION WILL NOT BE ACCEPTED IF SIGNATURE IS OMITTED.**

I hereby certify that the information included in this application and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding. I further certify that I will comply with Sections 701.300 through 701.338, RSMo, and with any regulations promulgated pursuant to Sections 701.300 through 701.338, RSMo. I also attest and affirm that I will conduct lead training only in those occupations in which I have received accreditation.

SIGNATURE (TRAINING MANAGER)

DATE

